

OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

VETERINARY CLINIC: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**PET INFORMATION**

NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ FEEDING: \_\_\_\_ cups X \_\_\_\_ daily

COLOUR: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M / F SPAY / NEUTER

MEDICAL CONDITION(S): \_\_\_\_\_ DESCRIBE: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_ X \_\_\_\_ daily \_\_\_\_\_ X \_\_\_\_ daily

NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ FEEDING: \_\_\_\_ cups X \_\_\_\_ daily

COLOUR: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M / F SPAY / NEUTER

MEDICAL CONDITION(S): \_\_\_\_\_ DESCRIBE: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_ X \_\_\_\_ daily \_\_\_\_\_ X \_\_\_\_ daily

NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ FEEDING: \_\_\_\_ cups X \_\_\_\_ daily

COLOUR: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M / F SPAY / NEUTER

MEDICAL CONDITION(S): \_\_\_\_\_ DESCRIBE: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_ X \_\_\_\_ daily \_\_\_\_\_ X \_\_\_\_ daily

Tell us about your pet: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your pet have any anxieties (i.e. thunder/separation) that we should be aware of? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OUT WITH OTHER ANIMALS: Yes No**

What habits do you observe when your dog socializes with other pets? \_\_\_\_\_

\_\_\_\_\_

REFERRED BY: \_\_\_\_\_

## **BOARDING FEES (not including G.S.T.)**

<b>DOGS</b>
<i>Daily Fee</i>
Please call for current rates

<b>CATS</b>
<i>Daily Fee</i>
Please call for current rates

## **BUSINESS HOURS**

Monday to Friday

8:30 a.m. to 11:00 a.m.

4:00 p.m. to 7:00 p.m.

Saturday

9:00 a.m. to 1:00 p.m.

Sundays

1:00 p.m. to 6:00 p.m.

Statutory Holidays

1:00 p.m. to 6:00 p.m.